



Republic of Malawi

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Improving the Health Status of Malawi's Workforce for Socio-economic Transformation

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Improving population health is critical for building quality human capital required to harness the demographic dividend

Quality human capital is a prerequisite for increased productivity and sustainable economic growth. Health is a fundamental component of human capital development. The health status of a population has a direct impact on its labour productivity. Good health results in a robust, productive and competitive labour force contributing to enhanced economic development. Malawi's labour force is affected by the double burden of prevalent communicable diseases such as malaria and HIV/AIDS, and the fast rising incidence of non-communicable diseases (NCDs). In addition, the country's future labour force is undermined by persistent malnutrition at the young ages. The health sector in Malawi is faced with serious structural and systems challenges including inadequate financing, ineffective supply chain management of health commodities and supplies, poor or inadequate infrastructure, and shortage of professional personnel. These challenges result in avoidable morbidity and premature mortality, both of which undermine optimal productivity by respectively cutting short and lowering the productive work life of individuals.

The Government of Malawi recognises that poor health is costly to households and the economy. Hence, investing in good health is among key priority areas in Malawi's development goals to transform the country into a prosperous middle-income country.^{1,2} The Malawi National Health Policy 2012 identifies 'raising the level of the health status of all Malawians by reducing the incidence of illness and occurrence of premature deaths in the population' as its overall objective.³

Malawi needs to address the challenges in the health sector in order to maximise its possible demographic dividend. The demographic dividend (DD) is the economic benefit that

A healthy workforce is critical to support Malawi to harness the demographic dividend and transform into a globally competitive, technologically-driven middle-income country. To maximise the productive potential of its youthful population, Malawi should:

1. Increase efforts towards halting and eliminating communicable diseases.
2. Enhance the capacity of the healthcare system to manage non-communicable diseases.
3. Step-up efforts to reduce child malnutrition.
4. Introduce policy actions to improve health financing.
5. Improve working conditions to promote equitable deployment and retention of health personnel in professional cadres, with specific focus on providing incentives to retain the workers in the public sector and rural areas.



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arises from a significant increase in the ratio of working-age adults relative to young dependents that results from a rapid decline in fertility and mortality. To earn a significant demographic dividend, the change in age structure must be accompanied by simultaneous strategic investments in public health, education and skills development to build quality human capital; economic reforms that enhance job creation; and improved governance.

This policy brief highlights the key aspects that should be improved in the health sector, as well as policy recommendations that Malawi can adopt in order to improve the health status of the population to maximise its chances of harnessing the demographic dividend.

Malawi is increasingly facing a double burden of disease

Malawi's labour force is currently faced with the double burden of disease, including infectious diseases such as HIV/AIDS and malaria, and emerging non-communicable diseases (NCDs), such as hypertension, heart disease, stroke, cancer, diabetes and chronic respiratory conditions like asthma. Figure 1 shows that HIV/AIDS, lower respiratory infections, diarrheal diseases and malaria were the highest-ranking causes of death and disease burden in 2011.

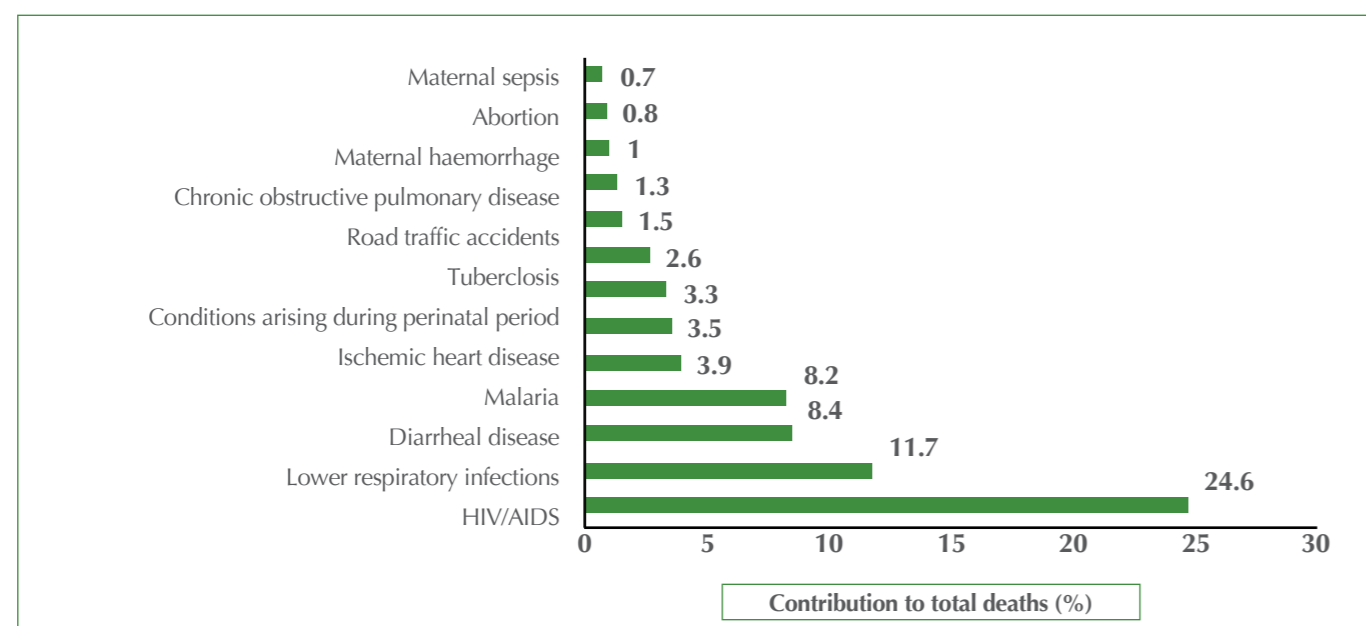
Despite the substantial resources directed towards the control and management of HIV/AIDS, it remains the leading cause of both mortality and Disability Adjusted Life Years (DALYs) - the sum of years of potential life lost due to premature mortality and years of productive life lost due to disability. The HIV prevalence rate declined from 12 percent in 2004 to 10.6 percent in 2010, among adults between the ages of 15-64. Prevalence is higher among all women (13 percent) than among men (8 percent), but also among young women aged 15-24, which is about twice as much as that of men in the same age group (5 percent and 2 percent, respectively).

Although more than 65 percent of those eligible for Antiretroviral Therapy (ART) had access by the end of 2014⁴, this is below the universal access target set globally.⁵ The National HIV and AIDS Strategic Plan, 2015-2020 is a new framework to help the country to implement HIV and AIDS prevention and treatment interventions,⁶ in line with UNAIDS 90-90-90 targets - 90 percent of people living with AIDS will know their status; 90 percent of people diagnosed will be on ART; 90 percent of people on ART will be virally suppressed.

Malaria is another major cause of mortality and disability in Malawi. Despite the promotion of use of Insecticide Treated bed Nets (ITNs) that has contributed to decline in prevalence from 43 percent in 2010 to 33 percent in 2014⁸, malaria accounts for about 34 percent of all outpatient visits, 40 percent of all hospitalisation of children under five years old, and 40 percent of all hospital deaths. It is estimated that 4 million episodes occur every year.⁹ It persists as a leading cause of morbidity and mortality in children under five years of age and among pregnant women. The Malaria Strategic Plan, 2011-2015 seeks to achieve universal access to all malaria control interventions in Malawi by 2015.¹⁰ Overall, there has been considerable progress in scaling up interventions and controlling malaria. For example, net ownership has increased from 58 percent in 2010 to 70 percent in 2014. Nevertheless, Malawi is currently focused on malaria control and needs to put more emphasis on malaria elimination.

Furthermore, evidence suggests that there is a growing burden of non-communicable diseases. It is estimated that 33 percent of adults aged 25-64 have hypertension and 5.6 percent are diabetic. About 5,000 new cases of cancer are registered annually.¹¹ Even as the burden of NCDs rises, the health system in Malawi has been slow in upgrading both infrastructure and trained personnel to manage NCDs and provide quality preventive and curative care for the patients.

Figure 1: Leading causes of death in Malawi, 2011



Source: (Bowie & Mwase, 2011)⁷

Persistent malnutrition undermines Malawi's future labour force

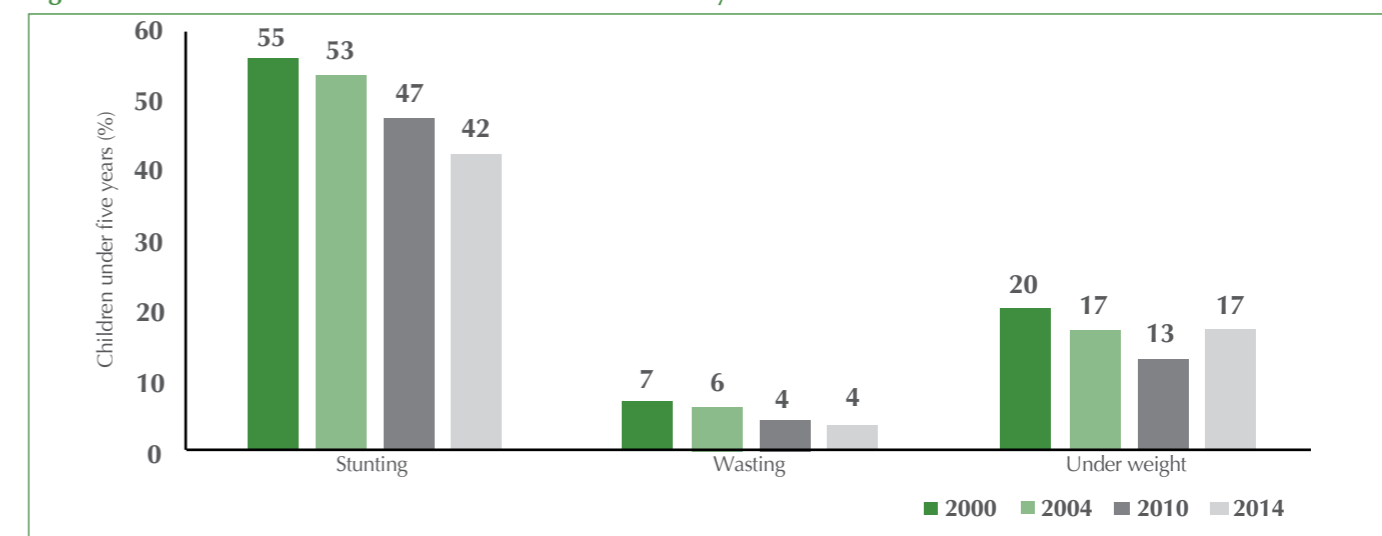
The high levels of child malnutrition in Malawi is one of the factors contributing to avoidable childhood illness and mortality. Malnutrition also affects children's long-term cognitive development and future productivity and is a risk factor for several adult-onset chronic diseases. Malnutrition is therefore a significant determinant of the quality of human capital. The Cost of Hunger Study in Malawi confirms the magnitude of the consequences that child malnutrition can have on health, education, and productivity. The study estimates that those who suffered from childhood stunting achieved, on average, 1.5 fewer years of education than those who did not experience growth retardation.¹³ Despite the immediate and long term negative effects of malnutrition on health, education and productivity, it has often been overlooked in efforts directed towards reducing infant and child mortality. In line with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), it is critical to promote good nutrition through the life course.¹⁴

Malawi has continued to grapple with high stunting levels among children under-five. In 2014, 42 percent of children under the age of five years were stunted, compared to 47 percent in 2010. The proportion of children suffering from wasting remained at about 4 percent, whereas the proportion of underweight increased to 17 percent from 13 percent over the same period (Figure 2). The prevalence of stunting was higher in rural areas (43 percent) compared to urban areas 36 percent, with pronounced differences between the richest and poorest households at 48.7 percent and 33.6 percent respectively.

Health systems strengthening is key to transforming healthcare in Malawi

The challenges in the health sector in Malawi are compounded by structural and systems challenges including inadequate financing, severe shortage of adequately trained health personnel across all professional cadres, challenges in retaining professional staff, and ineffective supervision. There are also critical gaps in infrastructure and healthcare commodity supply chain management.

Figure 2: Trends in nutritional status of children below five years



Source: NSO (2015)

Securing more and sustainable health financing is critical for Malawi

The government's investment in the health sector is still below the recommended levels. In 2004-2005, the total health expenditure was 12.8 percent of gross domestic product and in 2008-2009 this decreased to 9.7 percent. The Government's expenditure on health as a percentage of total expenditure falls short of the Abuja Declaration target of 15 percent. Donors provide over 65 percent of total health expenditures in Malawi, making the health sector unsustainably donor-dependent. The reliance on donors to support healthcare introduces uncertainty in funding as donors funding priorities are fluid. Despite this, the Government of Malawi provides free health care at its health facilities to a majority of citizens, as well as free referrals for specialised treatment outside the country, further putting pressure on the already inadequate resources in the health sector. The large volumes of patients using under-resourced public medical facilities also compromises the quality of services received.

There is need to enhance investments in infrastructure, healthcare commodities and health personnel and address coverage

The country has insufficient healthcare infrastructure, health commodities and technologies, and personnel. For example, in 2010, there were only three doctors, nurses and midwives for every 100,000 people, which is far below the minimum threshold recommended by the WHO of 23 doctors, nurses and midwives per 10 000 population. This is worsened by uneven distribution of these critical factors across the country leaving certain areas, especially the rural areas seriously underserved. Majority of the health providers are based in the urban areas, with many leaving the public for the better paying private sector. Due to the shortage of fully qualified doctors and specialists in Malawi, most of the district health services are provided by middle-level cadre such as clinical health officers and enrolled nurses. Low pay and poor working conditions, particularly in remote areas, are some of the factors inhibiting Malawi's ability to reach the recommended staffing ratios.

Many qualified doctors trained in Malawi also emigrate to countries that have more favourable returns to their training. For example, a 2007 study which followed 250 graduates from the College of Medicine, found that two-fifths had left the country. Thus retaining qualified health personnel is a persistent challenge for the country despite the heavy investments in their training by the government. In addition, there is inadequate equipment, especially in the rural areas. Most laboratory, imaging, and testing facilities are often only available at major district hospitals.

Shortages and stock-outs of medicines and essential health supplies at health facilities are common occurrences. A study has estimated that only about 9 percent (54 out of 585)

of public hospitals and clinics provided the full essential healthcare package of essential drugs and supplies.

Clinics are frequently out of basic antibiotics, HIV test kits, insecticide-treated nets, and vaccines. Some of the challenges constraining effective supply chain management (SCM) systems include slow progress in implementation of reforms at the Central Medical Stores Trust, low numbers of skilled manpower to implement best practices in SCM, inadequate funding, poor storage infrastructure, multiple parallel supply-chains and the quality and use of information for supply management decisions. These challenges need to be addressed in order to achieve an effective SCM that ensures good customer service and client satisfaction at service delivery points.

Key policy recommendations

Key policy recommendations for Malawi to develop a healthy and productive workforce necessary to harness a substantial demographic dividend include:

1. Increased efforts towards halting and eliminating communicable diseases. Particular efforts should be directed towards diseases such as HIV/AIDS by promoting safe sexual behaviour and improving access to treatment; and malaria by promoting use of ITNs.
2. Enhanced health education to sensitise Malawians on prevention of emerging non-communicable diseases and strengthening the capacity of the health care system to manage these diseases.

3. Stepping-up interventions that promote good health in general, and good nutrition in particular, through the life-course from early childhood to adulthood.
4. Introducing evidence informed actions to improve health financing including reducing reliance on donor support.
5. Strengthening key pillars of the health system including access, training, recruitment, and retention of health workers; supply chain management; health care financing; and use of evidence in decision-making.

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